Exhibit 13

VERMONT

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Agency of Human Services

Mike Fisher, Chief Health Care Advocate
Office of the Health Care Advocate
264 North Winooski Avenue
Burlington, Vermont 05401

March 8, 2019

DELIVERED ELECTRONICALLY

Dear Mr. Fisher:

I appreciate the opportunity to highlight the significant progress made by the Department (DOC) to provide timely, physician-driven HCV treatment to patients according to best practices and prevailing medical standards. The HCA's understanding of the DOC's criteria for providing HCV treatment—as included in your February 21, 2018 letter and reviewed with our medical consultants—appears generally correct. We would add that our practice is informed by consultation received from UVMMC's Infectious Disease Department.

We have gathered the information you requested regarding HCV treatment which has been updated to February 26, 2019 and is contained in the following tables and narrative. Although not all of the questions you asked generated a response for each distinct patient, it is important to recognize that a patient's course of care is individualized and subject to factors that include 1) the inmate's comorbidities and health status; 2) outside providers' (including UVM Medical Center and Dartmouth Hitchcock Medical Center) wait times for scheduling, appointments and test results; 3) time periods pending receipt of lab results; and 4) the need for additional testing or other follow-up, based on previous labs and testing. As a result of these variables, responses to your questions about timing of treatment, as posed, would not be reflective of the timeliness, quality, or appropriateness of care provided by the DOC.

In response to your first question, there were 39 patients on DAAs with FIB-4 scores ranging from .25 to 3.71; 35 of the 39 had FIB-4 scores less than 1.45. Because FibroScans are generally not necessary for patients with FIB-4 scores of less than 1.45, only seven of those patients have F-scores, which range from F0 to F3.

Patient	FIB-4 Score	F Score	Min Release Date
1	.55		1/14/2021
2	.63		8/3/2020
3	3.71	F0-F1	
4	1.20		3/5/2020
5	.99		1/31/2020
6	1.43	F3	11/27/2015
7	1.41		5/2/2020
8	.85		8/10/2019
9	.95		9/9/2023
10	.93		2023
11	.79		7/23/2020
12	1.26		5/16/2021
13	.92		3/9/2021
14	.73		2/20/2021
15	1.51	F2-F3	Detainee
16	.49		2/6/2020
17	.73		2/19/2020
18	.99		4/28/2022
19	.92		8/1/2019
20	.93		5/16/2020
21	1.17		9/1/2019
22	.81		2/27/2020
23	.60		2/12/2020
24	.80		3/23/2022
25	.62		10/4/2027
26	.69		4/14/2020
27	1.75	F0-F1	8/2/2019
28	1.01		1/26/2021
29	.45		9/22/2021
30	.87		12/12/2019
31	1.14		9/16/2020
32	.47		7/1/2027
33	.40	F0-F1	9/21/2020
34	.45		10/26/2019
35	.39		2/14/2020
36	.25	F3	3/1/2020
37	.57		7/5/2021
38	3.33	F2	
39	.66		3/13/2020

Regarding your second question, there were 29 patients in the pre-treatment phase with FIB-4 scores ranging from .30 to 6.84. Again, because only patients with FIB-4 scores less than 1.45 require FibroScans, only two of the 29 have F-scores.

Patient	FIB-4 Score	F Score	Genotype	Min Release Date
1	5.40	F4	1a	6/26/2019
2	2.09		1a	1/1/2023
3	.74			Detainee
4	6.84		3	
5	2.08	F4	3	4/17/2017
6	2.02			Detainee
7	2.71			3/21/2021
8	.49			Detainee
9	1.82		3	
10	1.04		3	11/25/2019
11	1.66			Detainee
12	.30			Detainee
13	.98		1	12/1/2020
14	.64		1a	4/21/2020
15	1.05		1a	3/19/2020
16	1.67		3	3/21/2020
17	.60			Detainee
18	.53		6	1/7/2021
19	.77		1a	4/15/2020
20	.73			7/21/2020
21	.58		1a/2	3/2/2020
22	1.64		1a	Detainee
23	.61		1a	3/12/2020
24	1.07		1a	2/19/2020
25	1.44		1a	Detainee
26	1.11		1	9/13/2020
27	.81		1a	1/9/2022
28	.52		3	4/20/2035
29	1.10		1a	6/23/2019

Next, when medically indicated, FibroScans and ultrasounds are performed at either UVM Medical Center or Dartmouth Hitchcock Medical Center. Routine labs are generally drawn at DOC facilities by qualified healthcare professionals and are primarily sent off-site to BioReference for processing, with the results sent to the medical provider. More complicated labs may be sent to an area hospital for testing.

In response to your fourth question, as of February 26, 2019, there were 311 HCV patients in the chronic disease clinic, including those listed in the two tables above. The inmates not in pre-treatment or receiving DAA therapy are largely detainees who may be released at any time by action of the court, meeting their conditions of release, or by posting bail; and sentenced inmates who 1) have minimum release dates that occur before they would be able to complete a full course of treatment; 2) will serve their maximum sentences prior to completing treatment; or 3)

have exceeded their maximum sentences, but have not been released (i.e. inmates who have not secured approved housing, with sanctions up to 90-days, that require additional case planning efforts or programming, or have had their terms extended for public safety). Please note that we are reviewing this group of inmates on an ongoing basis and updating the list as we receive new information (for example, when an inmate is sentenced) to ensure that all eligible inmates who require and consent to treatment will receive it in a timely manner and in strict adherence to prevailing medical standards. We are also close to completing our HCV policy and will forward your office a copy once it is finalized.

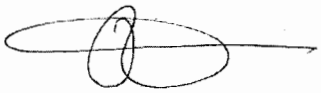
In response to your fifth question, 14 patients completed DAA treatment in 2018, while eleven that began their treatment in 2018 continued treatment into 2019. Thirty-three patients have initiated DAA treatment in 2019.

To address your next question, the DOC began offering HCV tests to all inmates upon intake several years ago and has now tested all sentenced inmates except for those who have chosen to opt-out of testing. In addition, as part of inmates' periodic health assessments, they are offered the opportunity to be tested if they have previously refused.

Finally, you requested information concerning HCV treatment for inmates housed out-of-state. We agree that out-of-state inmates testing positive for HCV should receive the same level of care, consistent with prevailing medical standards and DOC policy, as patients housed in Vermont facilities. DOC staff will be visiting the Mississippi facility next week and will have the opportunity to speak with inmates, tour the facility, and meet with CoreCivic staff. We will be better able to respond to your inquiry once we have gathered additional information and can provide a response in the next two weeks.

I hope the information provided has been helpful. Feel free to contact me if you have further questions.

Sincerely,



Benjamin Watts
Health Service Director, Department of Corrections

cc: Michael Touchette, DOC Commissioner
Judy Henkin, DOC Deputy Commissioner
Martha Maksym, AHS Deputy Secretary
Ena Backus, AHS Director of Health Care Reform